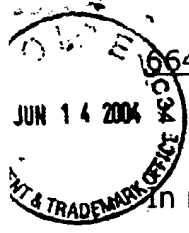


2612



66457-134-7

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Karl GFELLER

Serial No.: 09/663,338

Filed: September 15, 2000

MICROSCAN GUIDANCE

- ) PATENT
- )
- ) GROUP: 2612
- )
- ) EXAMINER: K. JERABEK
- )
- ) CUSTOMER NO.: 25269
- )
- ) CONFIRMATION NO.: 1874

\*\*\*\*\*

SUPPLEMENTAL AMENDMENT

RECEIVED

JUN 21 2004

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

June 14, 2004 Technology Center 2600

Sir:

Further in response to the Office Action dated February 26, 2004  
and supplemental to the Amendment filed May 26, 2004, please amend  
this application as follows:

00/05/2004 BALEXAND 00000002 042223 09663330  
01 FC:1262 10.00 DA

# **PATENT APPLICATION FEE DETERMINATION RECORD** Effective

Application or Docket Number

## **CLAIMS AS FILED - PART I**

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## **A CLAIMS AS AMENDED - PART II**

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total	* 18	Minus	** 20	=	
Independent	* 2	Minus	*** 3	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

**B**

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total	* 21	Minus	** 20	=	1
Independent	* 3	Minus	*** 3	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

08/03  
Sale  
01 FC

1202 10.00 DA 02003300

## **C**

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total	*	Minus	**	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
	355.00
X \$ 9=	
X \$40	
+\$135=	
TOTAL	

RATE	FEE
	710.00
X\$18=	
X \$80	
+\$270=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X \$ 9=	
X \$40=	
+\$135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X\$80=	
+\$270=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X \$ 9=	
X \$40=	
+\$135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	180
X\$80=	
+\$270=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X \$ 9=	
X \$40=	
+\$135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X\$80=	
+\$270=	
TOTAL ADDIT. FEE	